



3764

PATENT
Attorney Docket No. BSC-199
(1002/275)

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TECHNOLOGY CENTER R3700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Bluni et al.
SERIAL NO.: 10/014,678 GROUP NO.: 3764
FILING DATE: December 11, 2001 EXAMINER: Not Yet Assigned
TITLE: URETERAL STENTS AND RELATED METHODS

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 6th day of March, 2002.



Tabitha Crosier

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Supplemental Information Disclosure Statement (2 pages);
3. Supplemental Form PTO-1449 (3 pages);
4. Copies of IDS citations A31-A61 and C1-C15;
5. Associate Power of Attorney (2 pages); and
6. Return receipt postcard.



TRANSMITTAL FORM

Application Serial Number	10/014,678
Filing Date	December 11, 2001
First Named Inventor	Bluni
Group Art Unit	3764
Examiner Name	Not Yet Assigned
Attorney Docket No.	BSC-199
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

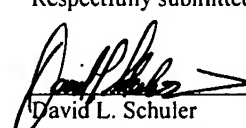
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Supplemental Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	<input checked="" type="checkbox"/> Associate Power of Attorney	<input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
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	<input type="checkbox"/> Amendment After Allowance	
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